IN THE UNITED STATES PATENT AND TRADEMARK OFFICE								
In re Patent Application of			Atty Dkt.	BJS-1	17-319			
				C#	M#			
HERMON-TAYLOR et al		TC/A.U.		1645				
Serial No. 09/646,568		Exa	miner:	Minnifi	eld			
Filed:	November 9, 2000		Date:	Septer	nber 15, 2	2010		
Title:	DIAGNOSTICS AND VACCINES FOR MYCOBACTERIAL INFECTIONS OF ANIMALS AND HUMANS							
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
Sir:								
RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.								
☐ Correspondence Address Indication Form Attached.								
Total	are attached as calculated below I effective claims after amendment lously paid for 20 (at lease			highest	number	\$0.00 (1202)/\$0.00 (2202)	e	0.00
	, ,	,				\$0.00 (1202)/\$0.00 (2202)	Φ	0.00
	pendent claims after amendment ously paid for 3 (at least			nignest x \$220.	number 00	\$0.00 (1201)/\$0.00 (2201)	\$	0.00
If proper multiple dependent claims now added for first time, (ignore improper); add								
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) One Month Extensions \$130.00 (1251)\\$0.00 (2251) Two Month Extensions \$490.00 (1252)\\$0.00 (2252) Three Month Extensions \$1110.00 (1253\\$0.00 (2253) Four Month Extensions \$1730.00 (1254\\$0.00 (2253) Four Month Extensions \$1730.00 (1254\\$0.00 (2253) Five Month Extensions \$2350.00 (1255\\$0.00 (2255)								0.00
Term	ninal disclaimer enclosed, add					\$140.00 (1814)/ \$0.00 (2814)		0.00
	Applicant claims "small entity" status	. □ Sta	atemen	nt filed h	erewith	0110100 (1011), 00100 (2011)	•	0.0.
Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806)							\$	0.00
	nment Recording Fee		-			* *	\$	0.00
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□ CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

BJS:pp

NIXON & VANDERHYE P.C. By Atty: B. J. Sadoff, Reg. No. 36,663

Signature: /B. J. Sadoff/

0.00

TOTAL FEE \$